MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. CAUSE OF DEATH in plain terms, so that it may be properly IION is very important. See instructions on back of certificate. mation should be carefully supplied. ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 3 12100 |
| County Calvert | Registration Dist. No. 57 |
| Village or City Olsver | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? |
| 10 1 001 | |
| 2. FULL NAME A TOOLOO | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Dec. 26 19931 |
| Sa. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 12/26/31 | , 19, 19, 19 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h; death is said |
| 7. AGE Years Months Days If LESS than I day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| ormin, | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 0 |
| . Industry or business in which | Stillson |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| | |
| year) occupation occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) / Manyalla | |
| (State or country) | |
| 13. NAME LEOVEL W. Dodson 14. BIRTHPLACE (city or town) maryland | |
| (State or country) | Name of operation |
| | What test confirmed diagnosis? Was there an au'opsy? |
| Managera | 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) (State or country) | Where dis injury occur? |
| 17. INFORMANT Deorgel , Dodson (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place OCWEY Date 127,1931 | Nature of injury |
| 19. UNDERTAKER George W Dadson (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20, FILED 1726, 1931 Dres falls Registrar. | (Signed) (Address) Solomono, M.D. |
| Registrat. | A CLASS PAR PROPERTY OF THE PR |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes Date of onset of importance were as follows: | | Example II | | |
|---|----------------|--|--|------------|
| | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | JAN 6 1000 | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 77 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

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TION is very important. See instructions on back of certificate.

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| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | X |
|--|---|--|---------|
| 1. PLACE OF DEATH | | - (B) | |
| County Culvut - | | Registration Dist. No. 2 de | 2 |
| Village or City Chanty | | NoSt., | _Ward |
| Length of residence in city or town where death o | LI Courredyrsmos | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos |) de |
| 2. FULL NAME Jemale | (Easton | | |
| (a) Residence: No. | Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL | . PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 5a. If married, widowed, or divorced | NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) | 21. DATE OF DEATH Dec | ear) |
| HUSBAND of (or) WIFE of W | ¥ | 22. Dec 1 HEREBY CERTIFY, That I attended decease 19 31, to Sec. 16 19 | - |
| 6. DATE OF BIRTH (month, day, and year) | 26, 1931 | I last saw h, 19; death | is sald |
| 7. AGE Years Months | Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | ofonset |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc | ne_ | Stillton | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | | |
| Date deceased last worked at this occupation (month end year) | 11. Total tima (years) spant in this occupation | | |
| 12. BIRTHPLACE (city or town) Change | nid | Other Centributary Causes of importance: | |
| (State or country) | ston | Prematine both | |
| 13. NAME Ruhard Ca 14. BIRTHPLACE (city or town) Chance (State or country) | y, hd. | Name of operation | |
| 15. MAIDEN NAME Belin | young. | What test confirmed diagnosis? | |
| 15. MAIDEN NAME Jelin 16. BIRTHPLACE (city or town) Chass (State or country) | Ley hell | Accident, suicide, or homicida? Data of injury, 19 Where did injury occur?, 19 |) |
| 17. INFORMANT Futher - (Address) | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Halls Creek Date | Gec 25 , 197 L | Manner of injury | |
| 19. UNDERTAKER Sich Ester Chancys | | 24. Was diseasa or injury in eny way related to occupation of deceased? If so, specify | |
| 20. FILED Leve 28, 1911 20749 | Hardeshy? | (Signed) Kmly C. Hammond | M. D |

V. S. No. 1

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| Example I | - | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis !! JAA | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 1932 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BURE | July 5, 1927 | Peritonitis | 3 days ago |
| The state of the s | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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certificate properly THIS. plnoys may back on that instructions UNFADING supplied. plain carefully important. EATH OF D very plnods WRITE. CAUSE mation LION

19. UNDERTAKER

(Address)

MARGIN RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?__ (a) Residence: No Ward. (Usual place of abode) If nonresident give eity or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at__ The PRINCIPAL CAUSE OF DEATH and related causes of importance ___ min. were as follows: Date of onset 8. Trade, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc Date deceased last worked et 11. Total time (years) spant in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country) HER 13, NAME FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an eutopsy?_ HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide? 16: BIRTHPLACE (city or town) (State or country) (Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury

Nature of injury 24. Was disease or injury In eny way related to occupation of deceased If so, specify (Address) _3 Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| E | xample I | | Example II | |
|--|----------------|---------------|--|---------------|
| The principal cause of dea of importance were as follows: | ows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
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| | nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should | nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC |

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| Example I | | Example II | |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
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| The state of the s | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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S. No. 1

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| PLAINLY, WINT UNFADING INK-THIS IS A PERMANENT CORD. Every item of infe | should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta | OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP. | very important. See instructions on back of certificate. |

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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| Village or City Willaws No. | St.: Ward) a hospit of or institu |
|---|---|
| 2FULL NAME Leon | tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 120, 1937 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 HEREBY CEPTIFY, That I attended the receased from |
| (Month) (Day) (Year) | that I last saw h Ligite on 17 / 1927, |
| 7 AGE IfLESS that I day have not | 8. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work | goudn't, courtet afing y |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contribution (Duration) 134 mos 2 7 ds. |
| (State or country) | Secondary (Duration) ye |
| 10 NAME OF FATHER CLUM Hollow | (Signed) M.D. Marcon M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER tall Thomas | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER State or country) | At place of death yra nos ds. State yrs mos ds. |
| (Informant) | if not at place of dea.h? Former or usual residence |
| (Address) Willaws, MJ | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1931 |
| Filed 12/2/ 151 2. N. J. Registras | M. M. Lewell Dares |
| If more banks are needed, addre.s State Registre | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary,, may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report household only (not paid Housekeepers who receive a inner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Form laborer, Loborer-Coul mine, etc. Wom-Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary American Medical Association.) Never report mere symptoms or terminal condior intercurrent) affection need not be " "Marasmus," "Old Age," "Shock,"

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No

PHYSICIANS should state of OCCUPA-CORD. Every item of infor-Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (82 a) |
|---|---|
| County Colvert | Registration Dist. No. 50 |
| | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME magain ofmoon | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH December 3 1, 953 / (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of alberty Johnson | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year une - 1852 | I last saw h. L.C. alive on Mov- 22 , 193 / ; death is said |
| 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, atAm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, Howewife SAWYER, BOOKKEEPER, etc. | Date of offset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Individual of work was done, as SPINNER, work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and | apoplety /22/3/ |
| 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) / Manyland (State or country) | Other Contributory Causes of importance: |
| 13. NAME Wrial Chrison | |
| 13. NAME Wall Strong | Name of operation Oata of |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Chursliste Hooks 16. BIRTHPLACE (city or town). Manyland (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, sulcide, or homicida? |
| 17. INFORMANT COMME COMMON (Address) | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| Place Fush p Oata 75 ,131 | Manner of injury |
| 19. UNDERTAKER Savele Grederick . Mid | 24. Was diseasa or injury in any way related to occupation of deceased? |
| 20. FILED 1931 AYCS POTTY Registrar. | (Signed) M. D. (Address) Solomons M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 wcek ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| RILDAT | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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| 1- | N. B.—Every item of information should be carefully supplied. ACCIANS should state CAUSE OF DEATH in plain terms so the statement of Occidentation is your instance of the occidentation i | |
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| 11 | PLACE OF DEATH | STATE OF MARY | VIAND |
| | (alue) | | |
| Co | ounty Cawen | (8) CERTIFICATE OF | DEATH |
| | | n to at the No. W | 1970 |
| | (140 | Registration Dist. N | 0 |
| Villag | ge or City (No. | O O O O O O O O O O O O O O O O O O O | enth occurred i |
| Ď i | (140, | a hos | pital or institu |
| 2 | | tion, | give its NAME is of street an |
| 2 | 2FULL NAME | formson numb | per.) |
| | | | |
| 0 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DE | ATH |
| 2 2 2 2 2 | A COLOR DE LA SINGLE | | |
| 3 SEX | MARRIED, | 16 DATE OF DEATH | 8 21 |
| 5 | enal 00 0. 1 WIDOWED. Shuck | - Nee | 8 , 1927 |
| 0 | (Write the Word) | (Month)(Day | |
| 6 DAT | TE OF BIRTH | 17 1 HEREBY CERTIFY, That 1 aptended t | |
| 5 | 0 7 711 6 | Du 7 31 Dec | ne deceased from |
| n | Wes, 24 1925 | 192/ . to | , 192/ |
| | (Month) (Day) (Year) | that I last saw has alive on // | 192 |
| | | | 11301 |
| 7 AGE | | The state of the s | atm |
| | 7_ 14 day hrs | 5. The CAUSE OF DEATH * was as follows: | 0 |
| 2 | yrs. mos. ds. or min. | and a deare | burns |
| BOCC | CUPATION | 1. + 1. 1. 1. | • |
| (a) | Trade, profession or | y sure sory | *********************** |
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| | General nature of industry | 7 | 2-1 |
| | ness, or establishment in ch employed or (employer) | yrs | hours |
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| 9 BIR | THPLACE State or country) | Secondary 0 | |
| | The country | carely fire | mae de |
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| | FATHER 7, W | (Signed) | |
| | | | M. D |
| | or -11, for voice of | 12/8/21 | Fudence |
| U) B | BIRTHPLACE | 12/8/1931 (Address) / mice | Yndene |
| U) B | OF FATHER | 12/8/1931 (Address) / mice | Fudence deaths from deaths from (2) Whether |
| N L N | OF FATHER (State or country) | 12/8/21 | Fudence deaths from d (2) Whether |
| U Z W 12 | OF FATHER | *State the Disease Causing Death, or, in Violent Causes, atate (1) Means of Injury an Accidental, Suicidal or Homicidal. | The state of the state of the state of the state of |
| N | OF FATHER (State or country) MAIDEN NAME OF MOTHER Sar ah I Leys, | 12/8/1931 (Address) / mice | The state of the state of the state of the state of |
| 2 V U U U U U U U U U U U U U U U U U U | OF FATHER (State or country) MAIDEN NAME OF MOTHER BIRTHPLACE | *State the Disease Causing Death, or, in Violent Causes, atate (1) Means of Injury an Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents) | The state of the state of the state of the state of |
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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, ployed, as At school, or At home. Cure should be taken tired 6 yrs). household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Duy should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Plunter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enloborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery: man, (b) Automobile factory. The material For persons who have no occupation The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishtheria avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Yeart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Whooping American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," Chronic volvular heart discose Carcinomo, Sarcoma, etc., of etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN MARGIN

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| (If death occurred a hospital or institution, give its NAME is stead of street ar number.) |
| DEATH |
| DEATH |
| 8, 1937 |
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er," etc., without more precise specification as Doy definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation - Precise statement of ocwhatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emims). Form laborer, (b) Cotton mill; (a) Salesman. (b) Automobile factory. The material For persons who have no occupation Laborer--Coul mine, etc. 6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS. [I] EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonities, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom. American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valuular heort discose; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME in-

deaths from

and

number.)

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questo report specifically the occupations of persons en-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager." "Dealsary to know (a) the kind of work and also (b) the Foreman, or At Home, and children, For many occupations a single word or term on Wrs). Farm laborer. Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive engineer, (b) Automobile factory. The For persons who have no occupation not gainfully em-(b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal-fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma. etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) (Recommendations on statement of cause of death . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valuular heart disease; nephritis, etc. The contributory Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| PLACE OF DEATH | 14193 STATE OF MARYLAND |
|---|--|
| County Calvert | CERTIFICATE OF DEATH |
| lta.bl. | Registration Dist. No. |
| Village or City To are Ro.ey 2FULL NAME Willbam | St.: Ward) (If death occurred a hospit if or institution, give its NAME is stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Dec 30,1937 (Month) (Day) (Year) |
| 8 DATE OF BIRTH Dec. 22 1930 | 17 OLL HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last sew hamalive on 192 |
| 7 AGE If LESS than I day hrs or min. | The CAUSE OF DEATH * was as follows: |
| a OCCUPATION (a) Trade, profession or particular kind of work | Libor neumonia |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Myseardelis |
| (State or country) 10 NAME OF FATHER William Robinson 11 BIRTHPLACE | (Signed) |
| OF FATHER Z (State or country) 12 MAIDEN NAME OF MOTHER | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| 13 BIRTHPLACE OF MOTHER (State or country) | ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted, |
| (Intercept) Wm Colman | if not at place of dea.h? Former or usual residence. |
| (Address) Stankly | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELTH, 19 |
| Filed Dec 31 1991 I.M. Ming | address Hammen Militar |
| If more branks are needed, addre.a State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Cool mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the pis-librate Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Meusles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. Fon VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify al atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping American Medical Association.) approved by Committee Recommendations on statement of cause of death Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic Carcinoma, Sarcoma, etc., of no etc. The contributory valvular heart Nomenclature not be

If this certificate is looked over thoroughly and all questions anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

PHYSICIANS should state Exact statement of OCCUPA. Every item of information should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | / | (119) | |
|--|---|---|--------------------------|
| County Calve | N | Registration Dist. No | 57 |
| Village or City Strends | | No. death occurred in a horpital or institution, give its NAME instead of s ds. How long in U.S. if of foreign birth?yrs. | |
| 2. FULL NAME Swall (a) Residence: No. Slo | in & Wel | St. Ward. | |
| (a) Residence. No. | (Usual place of abode) | If nonresident give city or | own and State |
| PERSONAL AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DE | ATH |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) | , 193 / (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of | | 22. I HEREBY CERTIFY That I | attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 1. 7. AGE Years Months 3. 8. trade, profession, or particular kind of work done, as SPINNER, | Days If LESS than 1 day, | 0 . 6 | 1937; death is said |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) | 11. Total time (yeers) spant in this occupation Walle | Other Contributory Causes of importance: | Nec |
| 13. NAME frace (Lity or town) (State or country) | mil | 2-11 | Date ofthere an eutopsy? |
| 15. MAIDEN NAME Auco 16. BIRTHPLACE (city or town) | Donnes My mil | 23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injur Where did injury occur? (Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Pt | y and State) |
| 18. BURIAL, CREMATION, OR REMOVAL Place. | Date Dec // , 19.3/ | Manner of injury | nesed? Zvo |
| 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED | Wortestelle Registrar. | (Signed) (Address) | M. C |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | THE PARTY OF THE P | Example II | | |
|--|--|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis PECE VE | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| FEB 8 1932 | | | | |
| Other contributory causes of importance: V. | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER S | STATEMENTS | BY | PHYSICIAN |
|--------------------------------|------------|----|-----------|
|--------------------------------|------------|----|-----------|

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 14195 |
|---|--|
| 1. PLACE OF DEATH | (49) |
| County Culvert | Registration Dist. No. 52 |
| Village or Citye Jones Mullion | No. St., Ward |
| Length of residence in city or town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Addie Fornice | · Chilkenouse |
| (a) Residence: No former mullipo | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, ord divorced HUSBAND of (or) WIFE of Johns Wife Colleges | 22. I HEREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Aug, 30 1896 | Hast saw Mer alive on 1000 28, 193/; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at 5 Pm. |
| 35 3 27 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | A. I |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | Caremond f |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Cours according |
| | on abluminal organs |
| year) occupation occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Mullbard (State or country) | |
| 13. NAME Buy It amight - | 0, - |
| 14. BIRTHPLACE (city town Louis MASL BU AO. | Name of operation of para long pata of fill 13/ |
| (State or country) | What test confirmed diagnosis? We believe Was there an autops? No |
| 15. MAIDEN NAME Elyabeth Pypett | 23. If death was due to external causes (VIOLENCE) fix in also the following: |
| 15. MAIDEN NAME Elyabeth Prepett 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide?, Date of injury, 19 |
| (State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT Dace Shirles to | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place on Much landate Nec 31, 1931 | Nature of injury |
| 19. UNDERTAKER COST Villebrias (Address) MA Haranon | 24. Was diseasa or Injury in any way related to occupation of deceased? |
| 20. FILED Die 30, 1931 XV Viilelo Registrar. | (Signed) M. D. (Address) Australia transfer for the second |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Example II | | |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | Júly 5,1927 | Peritonitis | 3 days ago |
| RUBBAD V. S. | 1 | | |
| Other contributory causes of importance: | J | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SP | PACE F | OR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|--------|----|---------|------------|----|-----------|
|---------------|--------|----|---------|------------|----|-----------|

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-WRITE PLAINLY, WIND UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WI

V. S. No. 1

ż

| STATE OF | MARYLAND—CERTIFICATE | OF | DEATH | 14196 |
|----------|----------------------|----|-------|-------|
|----------|----------------------|----|-------|-------|

| Length of residence in city or town whare death occurred | Registration Dist. No. St., Ward a horpital or institution, give its NAME instead of street and number) w long in U.S. if of foreign birth? |
|--|--|
| Length of residence in city or town whare death occurred | w long in U.S. if of foreign birth? |
| 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED furile the world) 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 7. AGE 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) Dither Coutribut 12. BIRTHPLACE (city or town) (State or country) | Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Yaar) HEREBY CERTIFY That I attended daceased from 197, 197, 197, 197, 197, 197, 197, 197, |
| (a) Residence: No | If nonresident give city or lown and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Yaar) HEREBY CERTIFY That I attended daceased from 1977, to 1977, ideath is said don the date stated above, at 1977, in the date state |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Furite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BDDKKEPER, etc. 8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) OUT DIVORCED Furite the word) 11. Total tima (years) spent in this occupation (month and year) Dther Coutribut Description of the word of | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Yaar) HEREBY CERTIFY That I attended daceased from 1977, to 1977, ideath is said don the date stated above, at 1974, and 1975, ideath is said don the date stated above, at 1975, ideath is said don the date stated above, at 1975, ideath is said don the date stated above, at 1975, ideath is said don the date stated above, at 1975, ideath is said don the date stated above, at 1975, ideath is said don the date stated above, at 1975, ideath is said don the date stated above, at 1975, ideath is said don the date stated above. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Furtie the wordy 5a. If merried, widowed, of divorced HUSBAND of (or) WIFE of (or | MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Yaar) HEREBY CERTIFY That I attended daceased from 1977, to 1977, ideath is said don the date stated above, at 1977. |
| 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Partie the words 5a. If merried, widowed, or diverced HUSBAND of (or) WIFE of (or | (Month) (Day) (Yaar) HEREBY CERTIFY That I attended daceased from 197, to 197; death is said don the date stated above, at 197, and 197, to 1 |
| 5a. If merried, widowed, of divorced HUSBAND of (or) WIFE | HEREBY CERTIFY That I attended daceased from 197, to 197; death is said d on the date stated above, at 6, 394m. |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred to have occu | HEREBY CERTIFY That I attended daceased from 197, to 197; death is said d on the date stated above, at 6,394m. |
| #USBAND of (or) WIFE of 1 6. DATE OF BIRTH (month, day, and year) // 2 // 3 // 1 last saw h // 2 // 3 // 1 last saw h // 2 // 3 // 3 // 3 // 3 // 3 // 3 // | alive on 2 , 1947 , to 2 8 , 1971 ; death is said d on the date stated above, at 6, 294m. |
| 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | alive on 2 ; death is said d on the date stated above, at 6, 394m. |
| 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | d on the date stated above, at 6,394m. |
| 8. Trade, profession, or particular kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | L CAUSE OF DEATH and related causes of importance |
| SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Differ Countribu | Date of onset |
| SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | has deliberting Date of the state of the sta |
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| 12. BIRTHPLACE (city or town) (State or country) | |
| (State or country) | ery Causes of importanca: |
| 5 11 41 | |
| 司 13. NAME | 7 % |
| I | |
| | ion Date of |
| (State of country) What test confi | med diagnosis? Was thera an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Accident, suicion (State or country) | due to external causes (VIDLENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) Accident, suicident | e, or homicide?, 19, Data of injury, 19 |
| (Stata or country) Where did inju | y occur? |
| 17: INFORMANT Ham Wilkinson Specify whether | (Specify city or town, county and State) r injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| (Address) Frederickeling USP | |
| | y |
| Placa M. Harmony Data Love 10 , 1971 Nature of injur | · |
| 19. UNDERTAKER W. H. Autonino 24. Was disaase | |
| (Address) Owings Md. If so, specify. | or injury In any way relatad to occupation of deceased? |
| 20 FILED LORE 10, 1931 20.74 Hardesty (Signed) | |
| 20. FILED Registrar. (A) | or injury In any way related to occupation of deceased? |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|---|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis Example I death and related causes 6 1932 | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitiol nephritis B B RALL V | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

HYSI-Exact

| | PLACE OF DEATH | - |
|-----------|--|---|
| | County Calvert | |
| /il | lage or City Tont lepublic | |
| | 2 FULL NAME John West | |
| | PERSONAL AND STATISTICAL PARTICULARS | |
| | Male With Strate or Divorced (Write the word) | / |
| C | June 15, 185 | 4 |
| | (Month) (Day) (Year) | |
| - | GE [If LESS than | 1 |
| | 77 yrs. 6 mos. 6 ds. or min. | |
| りまる | ds. or min. occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in | |
| N PILON | occupation a) Trade, profession or articular kind of work b) General nature of industry | |
| N PILON | yrs. 6 mos. ds. or min. CCCUPATION a) Trade, profession or articular kind of work O) General nature of industry usiness, or establishment in which employed or (employer) INTHPLACE (State or country) | |
| D (b v E | yrs. 6 mos. ds. or min. CCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) | |
| N PILE | yrs. 6 mos. ds. or min. CCCUPATION (a) Trade, profession or articular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer) INTITUDACE (State or country) 10 NAME OF FATHER II BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER | |

(Address

15

N. W.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 5

| y Wood. | a hospital or institu- tion, give its NAME in- stead of street and number.) |
|--|--|
| MEDICAL CERTIFICATE | OF DEATH |
| 16 DATE OF DEATH / 9/ | 1-2//1931 |
| (Month) | (Year) |
| HEREBY CERTIFY, That Lat | tended the deceased from |
| that I last saw halive on | , 192, |
| and that death occurred on the date states | d above, atm. |
| The CAUSE OF DEATH * was as follows: | |
| acute dient | |
| acur person | diserve. |
| | 0,7-0-4 |
| (Duration) | yrs 0 ds. |
| Contributory Secondary | *************************************** |
| (Duration) | yrsds. |
| (Signed) | recor, M.D. |
| 17/7/1931 (Address) from | re Judente |
| *State the Viscase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal. | or, in deaths frem ajury and (2) Whether |
| 18 LENGTH OF RESIDENCE (For Hospi | tals, Institutions, Trans- |
| At place In the of death yrs | teds. |
| Where was disease contracted, if not at place of death? | |
| Former or usual residence | |
| 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| asbury | 23, 1931 |
| 20 UNDERTAKER | ADDRESS |
| a. a. Hukuss | Mutual |

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Compositor, Architect, (b) Automobile factory. The material For persons who have no occupation Locomolive engineer, (6)

EASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary), (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Whooping cough; American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainperitonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age, Chronic valvular heart disease and consequences (e.g., sepsis etc. The contributory " Shock,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.